STATEMENT AND FEE TO:

Bayfield County
Pianning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.

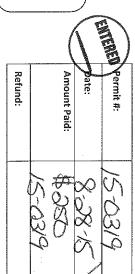
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT AND APPL

APPLICATION FOR PERMIT



335 TIT Commence Constitution ์ เก็บ



RONALD MCRON DONALD TYPE OF PERMIT REQUESTED-0 2 2 2 2 3 Address of Property: uthorized Agent: PROJECT LOCATION Section 1/4, ī (M ひれてく VICHARLIS Legal Description: (Use Tax Statement) CONSTRUC CRYSTAL , Township ☐ LAND USE ☐ ZICTION 502 TAKE A alf of Ow N, Range なり er(s)) SANITARY PRIVY CONDITIONAL USE Mailing Address: City/State/Zip: みとれしい。 Contractor Phone: 715-209-4363 15-209-4363 PIN: (23 digits)
04-022-2-47-09-15-1 H Z Z ≨ City/State/Zip: HUGHES RIVER, SEWARD Agent Mailing Address (include City/State/Zip):
C3305 PHANTON LAKE
ZRON RIVER WI 34847

-09-15-1 05-005-08 Recorded Docu Plumber: BRIAN ٤ Z Z Z X 54847 ٤ SPECIAL USE 5402 662 □ B.O.A. vi 1 Telephone: 2516 Cell Phone: 920 - 229 -Yes I No Plumber Phone: 218-590-6069 Acreage Page(s) 314 OTHER.

Droporad Construction	Existing Structure					3	000,56	n.		Value at Time of Completion * include donated time & material	☐ Non-Shoreland	X Shoreland	
	Existing Structure: (If permit being applied for is relevant to it)			Property	☐ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction	Project		K Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of I Creek or Landward side of Floodplain?
	or is relevant to it)			☐ Foundation	No Basement	Basement	💢 2-Story	☐ 1-Story + Loft	☐ 1-Story	# of Stories and/or basement		n 1000 feet of Lake, Pond If ye	liver,
ongth.	Length:	9						☐ Year Round	X Seasonal	Use		Pond or Flowage If yes-~continue —▶	Stream (incl. Intermittent) If yes—continue —>
9	carosed Width:	_			□ None		3	¥ 2	<u></u>	# of bedrooms		Distance Stru	Distance Stru
Width C/C/	Width:		☐ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	* Sanitary (Exists) SALGOGARD DRAW (KLD)	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary Sys Is on the propert		Distance Structure is from Shoreline : ${}^{\prime\prime} {}^{\prime\prime} {}^{\prime\prime}$ feet	Distance Structure is from Shoreline:
Holight: 0.7	Height:				ntract)	ulted (min 200 gallon)	TO THE DEVIN (VELD	ify Type:		pe of ary System roperty?			Is Property in Ar
				•				X Well	□ City	Water		□ Yes X No	Are Wetlands Present?

Proposed Use	1	Proposed Structure	Di	Dimensions
Annual designation of the second seco		Principal Structure (first structure on property)		×
-	7	Residence (i.e. cabin, hunting shack, etc.)	10 x 28 + 10x14 + 128	× 34)
				×
Residential Use		with a Porch		×
4		with (2 nd) Porch		×
	1	with a Deck	()0	×
		with (2 nd) Deck		×
Commercial Use		with Attached Garage)	(X
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	ng & food prep facilities) (х)
		Mobile Home (manufactured date)		×
		Addition/Alteration (specify)		x)
Municipal Use		Accessory Building (specify)	T. C.	х)
-		Accessory Building Addition/Alteration (specify)		х)
			M	
		Special Use: (explain)		×
		Conditional Use: (explain)		х)
		Other: (explain)		x)

Owner(s): on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must

Address to send permit 63305 PHANTOM 3 HRS accompany this application) RIVER, WIL 54847

> Date \mathcal{D} (vi

Attach
Copy of Tax Statement
rchased the property send your Recorded Deed

ax below: Draw or Sketch your Pr	x below: Draw or Sketch your Property (regardless of what you are applying for)	-
(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	,(HT) and/or (*) Privy (P)
SEE ATTACHED	ROT PLAN	
Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)		Changes in plans must be approved by the Planning & Zoning Dept
Description	Measurement Description	Measurement
Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	d i2O Feet Setback from the Lake (ordinary Feet Setback from the River, Stream, Setback from the Bank or Bluff	high-water mark)
Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	Feet Setback from Wetland 29 Feet 20% Slope Area on property 33 Feet Elevation of Floodplain	Fee □ Yes 💌 No Fee
Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting)	Feet Setback to We	49 Fee
Prior to the placement or construction of a structure within ten (10) feet of the minimum required other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (3) one previously surveyed corner to the other previously surveyed corner, or verifiable by the Depart marked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Const NOTICE: All Land Use Permits Expire One (1) For The Construction Of New One & Two Family Dwell		ured must be visible from one previously surveyed corner to the m which the setback must be measured must be visible from 500 feet of the proposed site of the structure, or must be dling Tank (HT), Privy (P), and Well (W). Use has not begun. The Uniform Dwelling Code.
Issuance Information (County Use Only) Permit Denied (Date):	nly) Sanitary Number: 15-106S # of bedrooms:	Sanitary Date 28-15
Permit #: /5-/3/9 Is Parcel a Sub-Standard Lot Xyes (De Is Parcel in Common Ownership Yes (Itu Is Structure Non-Conforming Yes Yes	Yes (Deed of Record) S 3 HNo Yes (Fused/Contiguous Lot(s)) □ No Nitigation Attached □ Yes Number 1 No Nitigation Attached □ Yes Number 1 Nitigation Attached □ Yes Number 1 Nitigation Attached □ Yes Number 1 Nitigation A	Affidavit Attached 9 Yes Ano
Was Parcel Legally Created Was Parcel Legally Created Was Parcel Legally Created	(Ves. No Were Property Lines Represented by Owner Was Property Surveyed	Case #:
Inspection Record: Bulling	3	Zoning District Lakes Classification (
Condition(s): Town, Committee or Board Conditions Attached? Texas 1 1 1 1 1 1 1 1 1	No -(If No they ne	Ruce of Re-
Signature of Inspector:	Cofee voet per vio	SECTIFIED 75' FOR
Hold For Sanitary: Hold For TBA:	BA: Hold For Affidavit: Hold For Fees:	- The state of the

